

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107049309**

FILING DATE

APPLICANT(S)

CLAIMS

A. FILED	AFTER		AFTER		AFTER	
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	10					
12	10					
13	10					
14	10					
15	10					
16	(1)					
17	(1)					
18	2					
19	2					
20						
21						
22	1					
23	1					
24	2					
25	2					
26	1					
27	1					
28	1					
29	1					
30	1					
31						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	78					
TOTAL CLAIMS	79					

*	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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